

CHILD CARE PROVIDER INFORMATION SHEET

You have been enrolled as a child care provider with the Department of Health and Human Services (DHHS). As an enrolled provider, you are able to receive child care payment directly from DHHS. In order to receive payment, you or the parent must submit a "Child Care Payment Request Invoice" (Form 250) to DHHS. A separate form is required for each eligible child for whom you provide child care. If you are the person submitting the invoice, please be sure to complete all sections. It is important to read the billing instructions and refer to the sample form attached before completing the invoice.

INFORMATION TO HELP YOU COMPLETE THE PAYMENT REQUEST INVOICE

**If the invoice is incomplete or illegible, the invoice will be returned
and payment to you will be delayed.**

The **Child's ID Number** is the Heights ID number, which is a 10 digit number that appears on the Notice of Decision. If the 10 digit ID number is used on the billing form, leave the last block blank on that form when completing the child's ID number. You need to contact the child's parent to obtain the child's ID number.

The **Registration Number** is a five (5) digit number. It is assigned to individual child care providers by DHHS upon request from the child's parent. You need to contact the child's parent for this number. The provider registration number must be used on all child care invoices. It is important that the registration number is correct because it may affect the amount of the payment. You will have only one registration number regardless of the number of children you care for.

The **Code** is a 2 digit number. Use the chart on the invoice and enter the code that best describes your child care facility.

The **Key Name** - fill in the provider key name that was assigned to you by the Department. Do this by entering the first 5 characters of the provider's **last** name or, if a facility, the **first** 5 characters of the facility name.

The **Provider Service Code** - fill in the 2 digit Provider Code. If your provider is licensed with Child Care Licensing, use **Code 31**. If you are not licensed with Child Care Licensing, use **Code 32**.

Signature and Provider's Resource ID Number. You must sign the invoice and indicate your Resource ID Number. The parent **must** also sign the invoice and indicate his or her Social Security Number.

KEEP THE YELLOW COPY OF THE INVOICE (Form 250) FOR YOUR RECORDS.

ADDITIONAL CHILD CARE PROVIDER INFORMATION

PROVIDER REQUIREMENTS

- Child care providers must:
 - Be 16 years of age or older to provide child care;
 - Not be a parent of the child; and
 - Not be living in the child's home.
- Child Care Licensing, under state law, requires providers to be licensed if care is given in a private home for 4 or more children other than the provider's own children. DHHS cannot pay you for child care if you, at any time, care for 4 or more children and do not comply with licensing requirements. Contact Child Care Licensing at 1-800-852-3345, extension 4624, for specific licensing information.
- DHHS periodically conducts monitoring reviews and audits of child care cases. Be sure to maintain attendance records, which include the dates that care was provided, hours of attendance, and the cost of care for each child for whom you provide care.

BILLING INFORMATION

- Child care invoices (Form 250) may be obtained from the child's parent or directly from the local DHHS District Office, or NHEP team.
- Use only one invoice, per child, per week. When billing, Monday is "day one" of the weekly billing period, and Sunday is day seven (Monday through the following Sunday). It is best to bill on a **WEEKLY** basis.
- Supply **all** information requested on this invoice and make sure all information is correct and legible.
- Do not bill for extra miscellaneous costs or registration fees on this invoice.
- Do not bill for days that the child did not receive care because you were not open for business.
- If the parent works on a major holiday, a statement from the employer must be attached to the Payment Request Invoice, indicating that the parent worked. For example, July 4th, Thanksgiving, Christmas, New Year's.

- Child care invoices may only be submitted for payment when the parent is actually at the work site, or actually attending classes (study time is allowed for training). This does not include the 10 absentee ("sick") days allowed for children receiving financial assistance at step 1.
- You may charge the parent a reasonable rate for child care, however, DHHS will only pay you up to their maximum rate, or your actual charge, whichever is less. **The parent is responsible for any additional charges that DHHS does not pay you.**

PAYMENT INFORMATION

- DHHS cannot guarantee payment if the payment request invoice (Form 250) is not received within 90 days of the last date of service.
- DHHS pays for child care either on an hourly basis or at a flat day rate.
 - On any day that you provide care for 6 hours or fewer, DHHS will pay at an hourly rate.
 - On any day that you provide care for more than 6 hours, DHHS pays a flat day rate.
- There are several factors that determine exactly what hourly and day rate we will pay for care.
 - The rates of payment are different based on whether the child is under age 3, or age 3 and over. Rates are higher for children under age 3. When a child turns 3 years of age, the rate of payment decreases effective the first day following the child's third birthday.
 - DHHS also pays higher rates for child care provided by state licensed child care providers.

To know which hourly and day rate a child qualifies for, refer to the enclosed Income Eligibility Levels and Maximum Payment Rate sheet, or contact your local District Office.

- DHHS requires parents who are not receiving financial assistance under the New Hampshire Employment Program (NHEP) to contribute to, or *co-pay*, the cost of child care.
 - The co-payment rate is \$.25 or \$.50 per week per child, depending on the family's income eligibility level.
 - The co-payment will be deducted automatically from the amount paid to you for each week you bill for.
 - The parent is responsible for paying you any co-payment amount that is deducted.

- It generally takes 2 weeks from the date the invoice is received at the Bureau of Data Management to receive a payment. If you have not received a payment within 3 weeks, contact the local District Office, or NHEP team.
- Sometimes, invoices cannot be paid because there is a problem. A Payment Request Invoice may be “rejected,” for example, because of an error made when the invoice was completed, because there is a problem with the child’s eligibility for this assistance, or because some information on the invoice is different from the information in the payment computer system. A statement will be mailed to you, along with the rejected bill, which will indicate the reason for the rejection.
- If there is any change in your enrollment information, such as your name, address, Social Security Number or Federal Identification Number, you must notify the District Office immediately. A new AW-9 and Form 251 will need to be completed. The Post Office has been instructed not to forward any payment checks. The District Office will tell you what you need to do to prevent a delay in your payments.
- It is a good practice to periodically check with the parent to be sure that they are still eligible to receive child care assistance through DHHS.
- A 1099 Form will automatically be sent to you in January for income tax purposes, if the amount paid to you during the past year was \$600.00 or more. It is important for you to comply with all IRS regulations. Contact the Internal Revenue Service at 1-800-829-1040 for specific filing information.

If you have any questions about child care assistance policy or procedures, or are having problems with receiving payments, please call the District Office nearest you.

DEPARTMENT OF HEALTH AND HUMAN SERVICES DISTRICT OFFICES

| | | | | | |
|------------------|----------|--------------|-------------------|----------|--------------|
| Berlin | 752-7800 | 800-972-6111 | Littleton | 444-6786 | 800-552-8959 |
| Claremont | 542-9544 | 800-982-1001 | Manchester | 668-2330 | 800-852-7493 |
| Concord | 271-6200 | 800-322-9191 | Nashua | 883-7726 | 800-852-0632 |
| Conway | 447-3841 | 800-552-4628 | Portsmouth | 433-8300 | 800-821-0326 |
| Keene | 357-3510 | 800-624-9700 | Rochester | 332-9120 | 800-862-5300 |
| Laconia | 524-4485 | 800-322-2121 | Salem | 893-9763 | 800-852-7492 |

CHILD CARE PAYMENT REQUEST INVOICE

Type or print all information. Please read the instructions on the back before you begin. Be sure to sign your name at the bottom of the form.

Provider Name and Mailing Address:

Parent Name and Mailing Address:

Name: _____

Name: _____

Address: _____

Address: _____

Child's Name and ID Number:

Last: _____

First: _____

Child's ID#

This Week's Charges

List the registration number, code, name and telephone number of the child care provider.

The registration number and code must be completed in order for the bill to be paid.

| Registration Number | Code (Below) | Child Care Provider's Name | Telephone Number | | | | | | | |
|--|--------------|----------------------------|------------------|---|---|--|---|---|--------------------------|----------|
| <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table> | 1 | 2 | 3 | 4 | 5 | <table><tr><td>0</td><td>1</td></tr></table> | 0 | 1 | THE KIDS CORNER DAY CARE | 123-4567 |
| 1 | 2 | 3 | 4 | 5 | | | | | | |
| 0 | 1 | | | | | | | | | |

Enter one of the following codes in the code box above:

- 01 Center Care
- 02 Group Family Day Care (two caregivers) by a relative
- 03 Group Family Day Care (two caregivers) by a non-relative
- 04 Family Day Care (one caregiver) by a relative
- 05 Family Day Care (one caregiver) by a non-relative
- 06 In child's home, child care by a relative residing in the home
- 07 In child's home, child care by a non-relative residing in the home
- 08 Other or Unknown

Child Care Services Received

| Weekday | Date (mo/day/yr) | Number of Hours |
|---------------------------------|------------------|-----------------|
| Monday | 01-02-99 | 5 |
| Tuesday | 01-03-99 | 8 |
| Wednesday | 01-04-99 | 8 |
| Thursday | | |
| Friday | 01-06-99 | 8 |
| Saturday | | |
| Sunday | | |
| Total Hours | | 29 |
| Actual Amount Charged This Week | | \$55.10 |

Provider Name Key Provider Service Code (Enter 31 if Licensed or 32 if License-Exempt)

| | | | | |
|---|---|---|---|---|
| T | H | E | K | I |
|---|---|---|---|---|

| | |
|---|---|
| 3 | 2 |
|---|---|

Payment is requested for the child care services listed above. It is understood that payment will only be made for services actually received. No extra costs or fees have been listed for days this child was not in child care. It is understood that payment will not be made if the person providing child care lives in the child's household, is a parent of the child or does not meet state licensing requirements.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND CERTIFY THAT THE INFORMATION ON THIS BILLING FORM IS TRUE AND ACCURATE.

Parent's Signature

123-45-6789

Parent's Social Security Number
(Resource ID Number)

Child Care Provider's Signature

Child Care Provider's Federal Id Number

01/07/99

Date

01/07/99

Date

Distribution: White Copy - Data Management

Yellow Copy - Child Care Provider

Pink Copy - Parent

SR 97-25
(D)

INSTRUCTIONS FOR CHILD CARE PAYMENT REQUEST INVOICE

This invoice must be completed by the individual who will be receiving payment from the Department of Health and Human Services. Complete a separate invoice for each child.

SUBMIT ONLY ORIGINAL FORMS. XEROX COPIES OF THIS FORM WILL NOT BE ACCEPTED.

An invoice should be submitted once a week. For payment to be made, the invoice must be submitted no later than **90 days** after the delivery of the service. Incomplete or illegible invoices will be returned, and payment may be delayed.

PROVIDER'S NAME AND ADDRESS

Fill in the provider's first name, last name, and mailing address.

PARENT'S NAME AND ADDRESS

Fill in the parent's first name, last name, and mailing address.

CHILD'S NAME AND ID NUMBER

Fill in the name of the child for whom services are being billed on this form and either the eleven (11) digit ID number, which is a prior EMS number, or the Medical ID number, which is a ten (10) digit number that appears on the Notice of Decision. You will need to contact the child's parent for this number.

THIS WEEK'S CHARGES

Fill in the provider's Registration Number and Code. If the provider's registration number is unknown or the provider is not registered, contact the local office. It is important that the Registration Number is correct because it may affect the amount of the payment. Choose the Code Number with the description that best fits the provider. **Once the payment is made, changes to the invoice will not be accepted.**

Fill in the name and telephone number of the child care provider. Use the name to whom the check should be issued.

Fill in the Provider Key Name that was assigned to the provider by the Department. Do this by entering the first five characters of the provider's last name **OR**, if a facility, the first five characters of the facility name.

Fill in the two digit Provider Code. If the provider is licensed with Child Care Licensing, use code 31. If the provider is not licensed with Child Care Licensing, use code 32.

CHILD CARE SERVICES RECEIVED

Beside each Weekday, enter the month/day/year and the total number of hours of care given to this child that day. Use only whole numbers. Count any part of an hour as 1 hour (for example, 2 1/4 hours are entered as 3 hours).

Add all the hours entered in the boxes for each of the days and enter that total in the box marked "Total Hours."

In the box marked "Actual Amount Charged This Week," enter the amount actually being charged by the provider for the care of this child for the week. Indicate the amount in dollars and cents. **For example:** \$50 is entered as **\$50.00**.

If the parent works on a major holiday, a statement from the employer must be attached to the payment request invoice. For example, July 4th, Thanksgiving, Christmas, New Year, etc.

REQUEST FOR PAYMENT

In order for the Department to pay a child care provider, the signature and Social Security Number of the parent and the signature **and** Resource ID Number of the provider must appear on this invoice.

DISTRIBUTION

Mail the WHITE copy of this form to: NH Department of Health and Human Services, ATTN: Bureau of Data Management, PO Box 2000, Concord, NH 03302-2000. The YELLOW copy is for the child care provider's records. The PINK copy is for the parent's records.